



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740756-2262											
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> [37 CFR 1.8(a)]  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____		In re Application of Jun KOYAMA											
		Application Number 09/777,693      Filed February 7, 2001											
		For IMAGE DISPLAY DEVICE AND DRIVER CIRCUIT THEREFOR											
Group Art Unit 2673		Examiner Leonid Shapiro											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)</td><td>\$ 430.00</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2038.</b></p> <p>November 8, 2004 Date 11/10/2004 SDENBOB1 00000001 192380 09777693 01 FC:1252 430.00 DA</p> <p>Signature Jeffrey L. Costellia, Reg. No. 35,483 Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)	\$ 430.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)	\$ _____
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____												
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)	\$ 430.00												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)	\$ _____												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)	\$ _____												
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)	\$ _____												

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Alexandria, VA 22313-1450

# **FEE TRANSMITTAL FOR FY 2005**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$506.00)

Complete if Known

Application Number 09/777,693  
Filing Date February 7, 2001  
First Named Inventor Jun KOYAMA  
Examiner Name Leonid Shapiro  
Art Unit 2673  
Attorney Docket No. 740756-2262

## **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number 19-2380 [740756-2262]

Deposit Account Name Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## **FEE CALCULATION**

### **1. BASIC FILING FEE**

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)** (\$ 0)

### **2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
91	-104 = 0	X 0	= 0
Independent Claims 10	-8** = 2	X 88	= 176
Multiple Dependent	X		= 0

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$176.00)

\*\*or number previously paid, if greater; For Reissues, see above

## **FEE CALCULATION (continued)**

### **3. ADDITIONAL FEES**

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	430	2252	215	Extension for reply within second month
1253	980	2253	490	Extension for reply within third month
1254	1,530	2254	765	Extension for reply within fourth month
1255	2,080	2255	1,040	Extension for reply within fifth month
1401	340	2401	170	Notice of Appeal
1402	340	2402	170	Filing a brief in support of an appeal
1403	340	2403	150	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,370	2453	685	Petition to revive - unintentional
1501	1,370	2501	685	Utility issue fee (or reissue)
1502	490	2502	245	Design issue fee
1503	660	2503	330	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))
1801	790	2801	395	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$430.00)

## **CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being:

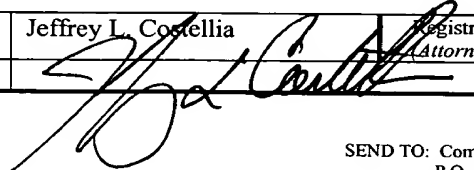
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- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Typed or printed name \_\_\_\_\_

## **SUBMITTED BY**

Name (Print/Type) Jeffrey L. Costellia  
Signature 

Registration No. 35,483  
(Attorney/Agent)

## **Complete (if applicable)**

Telephone (202) 585-8000

Date November 8, 2004

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